

# USING THE PHARMACISTS' PATIENT CARE PROCESS TO MANAGE HIGH BLOOD PRESSURE AND DIABETES

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# About Me



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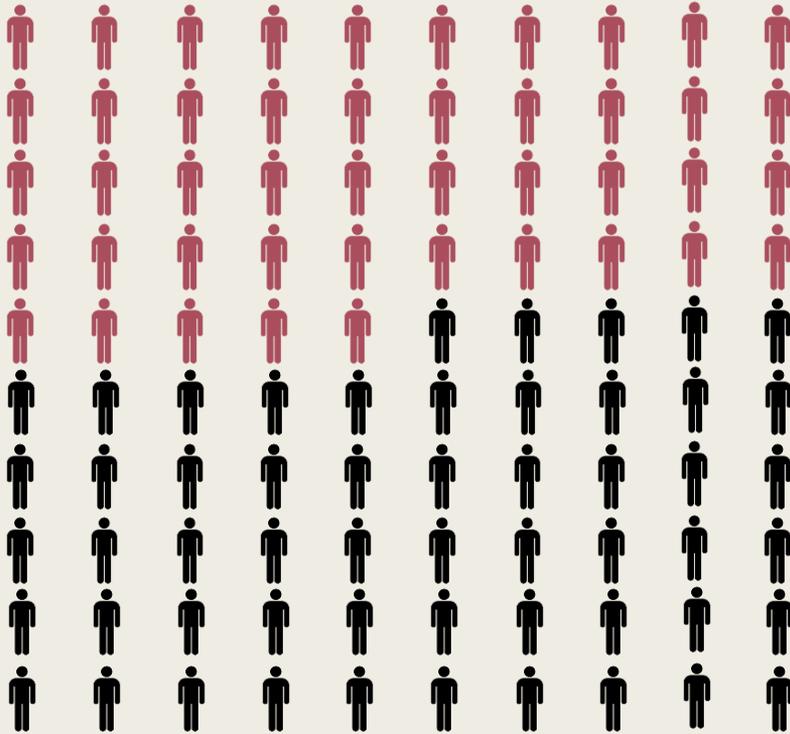
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Public Health Consultant  
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# Objectives

- Summarize the role of a pharmacist in chronic disease prevention and management.
- Describe the impact of medication adherence/non-adherence on chronic disease management.
- Apply the five steps of the Pharmacists' Patient Care Process to chronic disease patient care.

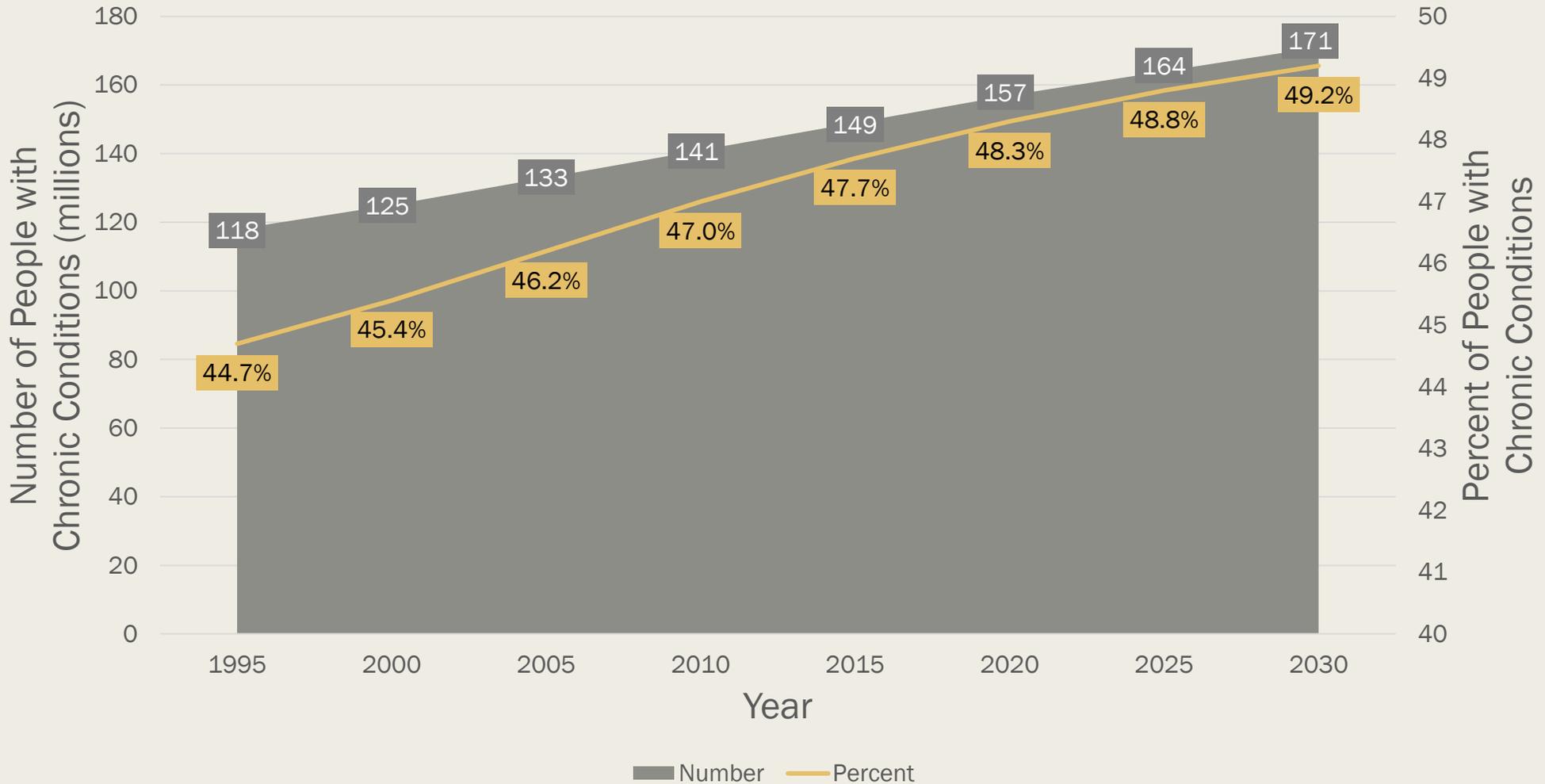
# The Growing Burden of Chronic Disease



Chronic diseases are the **leading cause** of death and disability in the U.S., and account for **7 out of every 10 deaths**.

45% of the U.S. population has at least **one** chronic disease.

# The Number of People with Chronic Conditions is Rapidly Increasing



# The Cost of Chronic Disease

In 2010, the U.S. spent

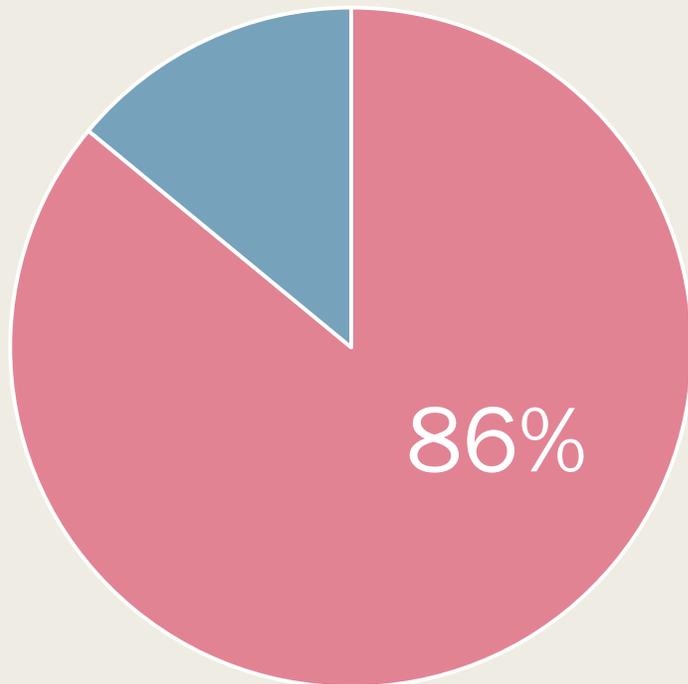
**\$2,236,000,000,000**

on healthcare costs for people  
with one or more chronic  
diseases.

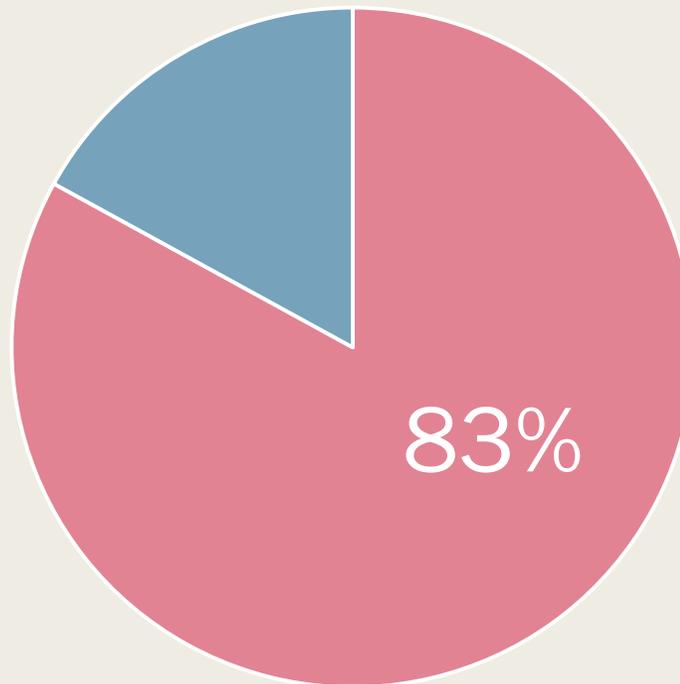


# Percent of Healthcare Spending on Patients with One or More Chronic Diseases, 2010

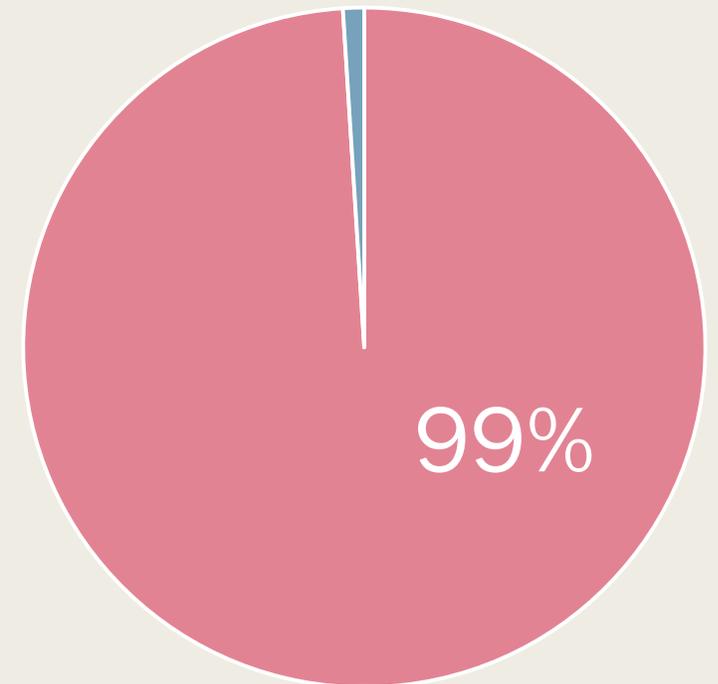
All Healthcare Spending



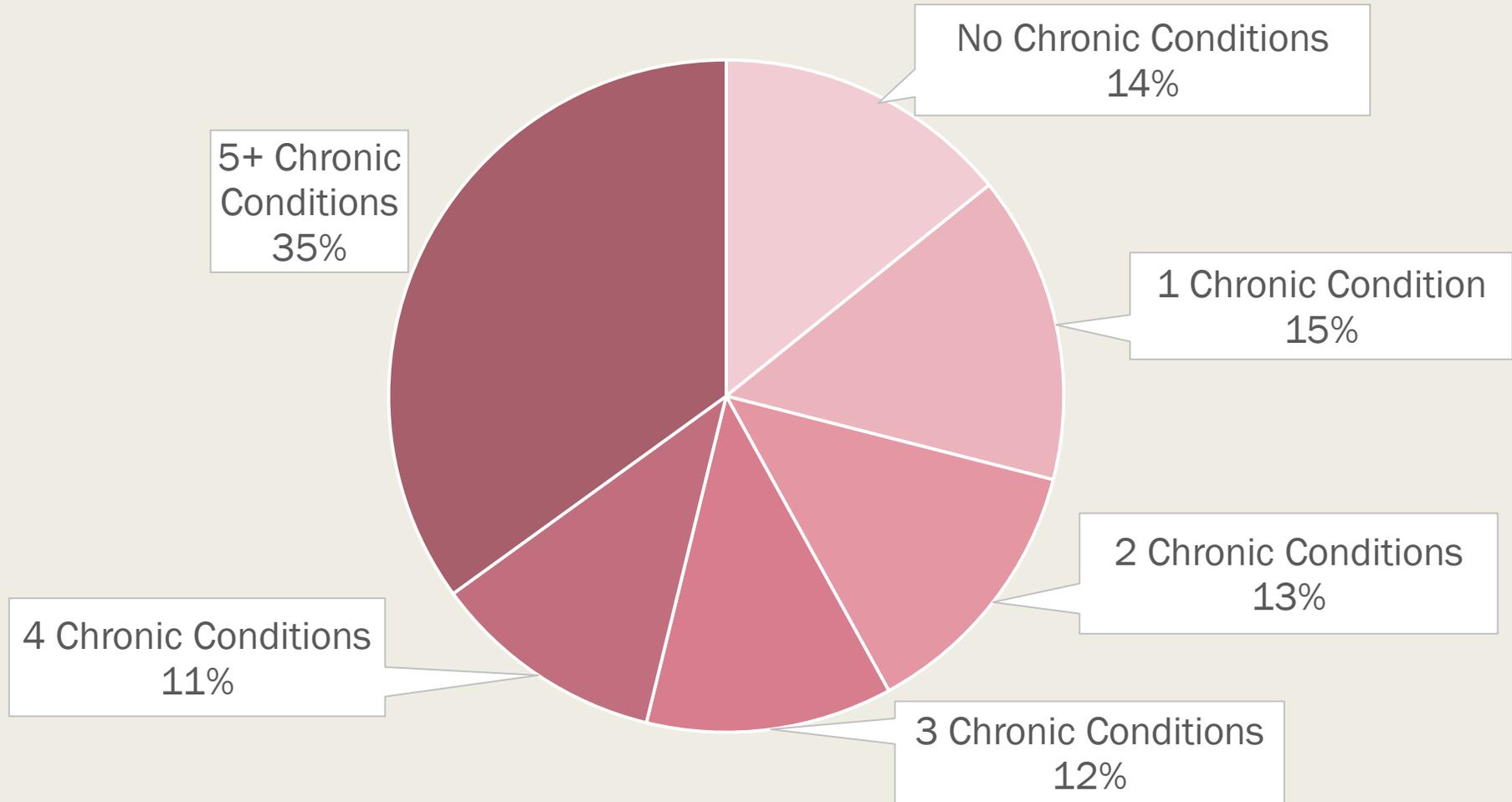
Medicaid Spending



Medicare Spending



## Total U.S. Healthcare Spending by Number of Chronic Conditions in 2010

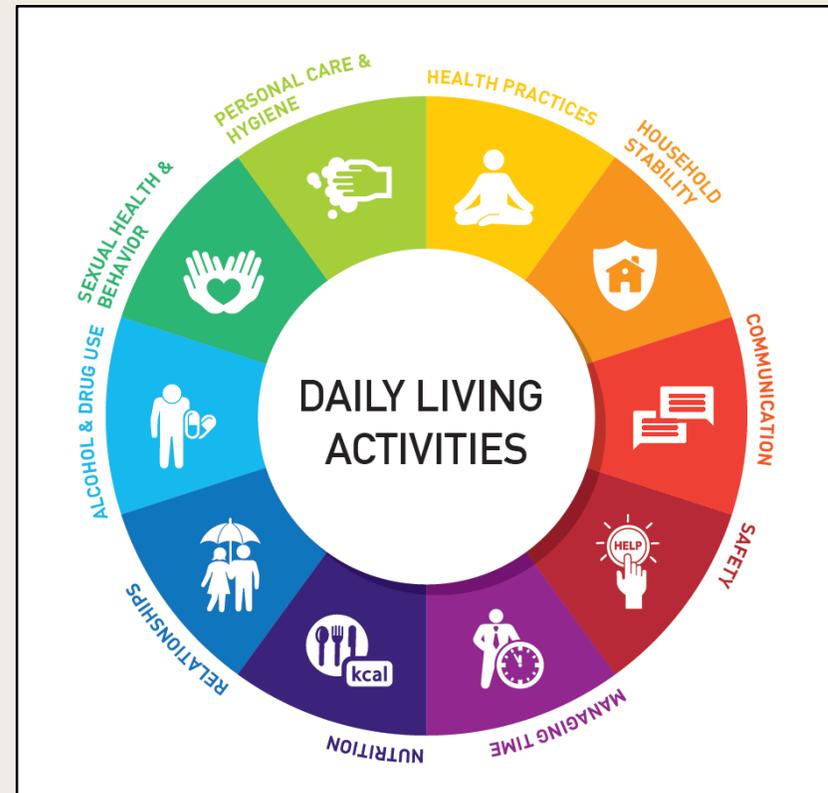


# The Impact of Chronic Disease

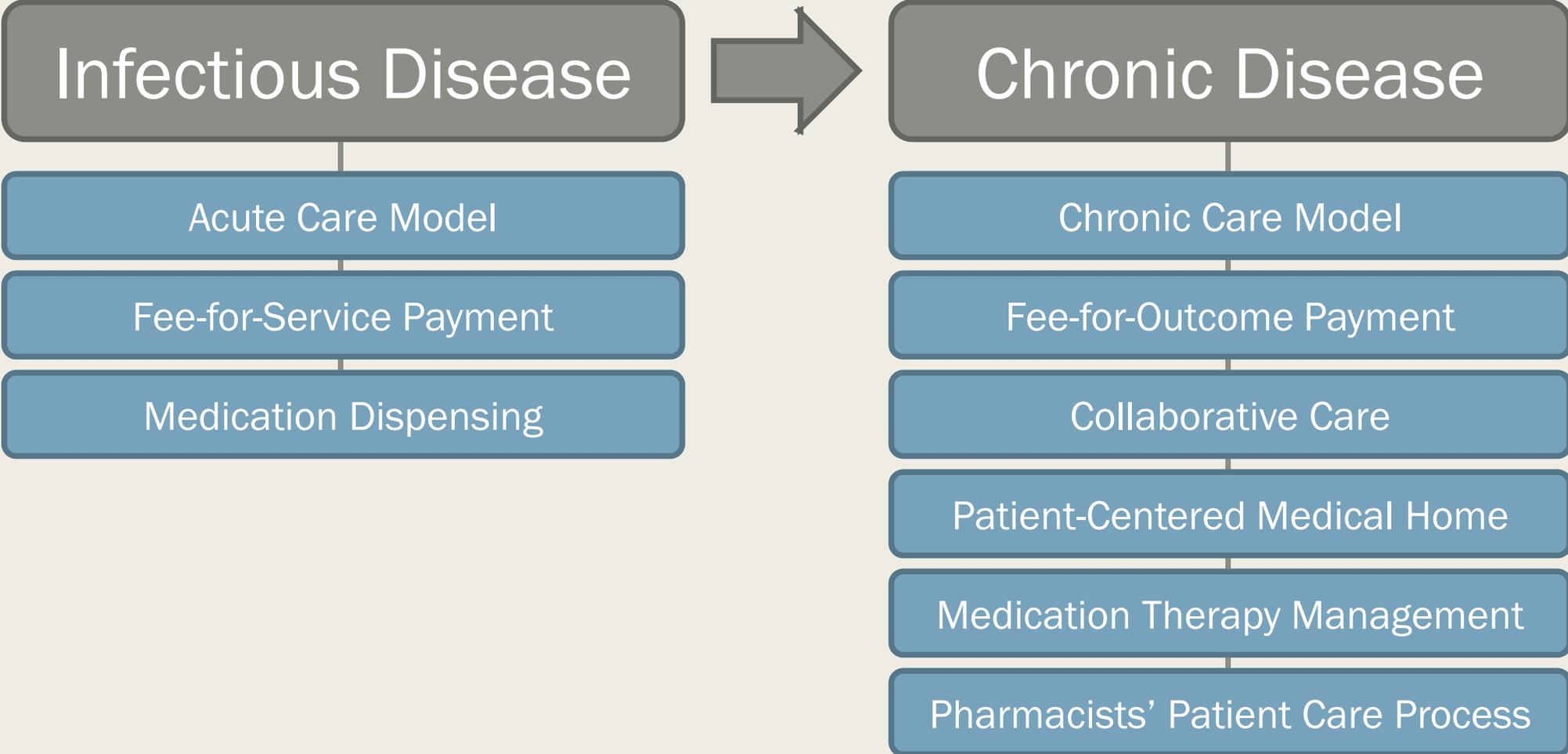
45.1% of people with multiple chronic conditions have activity limitations.

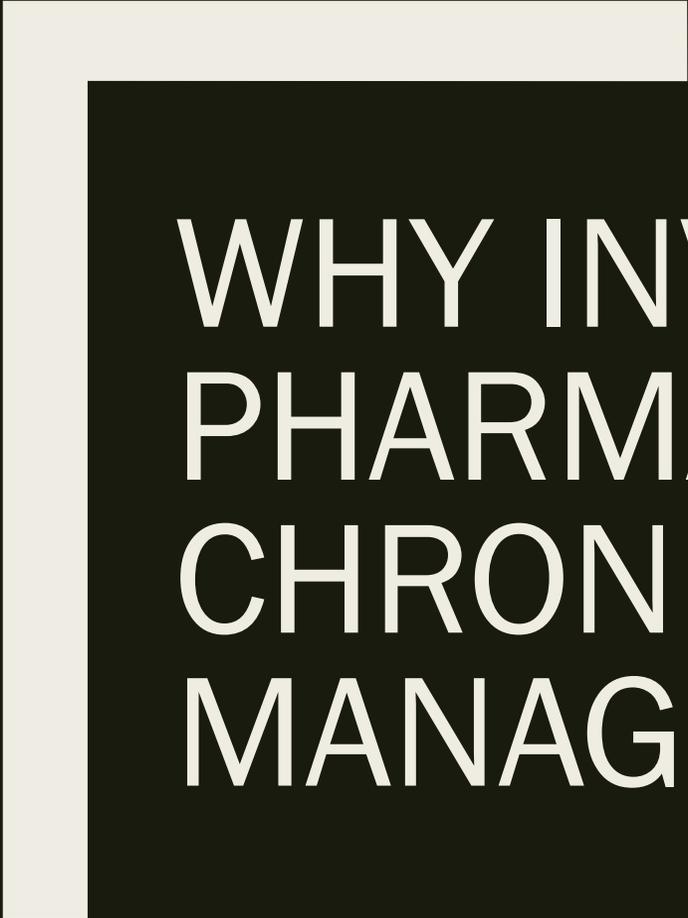
This includes limitations on:

- Bathing
- Toileting
- Dressing
- Eating
- Walking or Moving Around
- Preparing Meals
- Housework
- Shopping
- Taking Medications
- Using Transportation
- Sensory Perception



# A Transformation in Healthcare





WHY INVOLVE  
PHARMACISTS IN  
CHRONIC DISEASE  
MANAGEMENT?

# Primary and Secondary Prevention

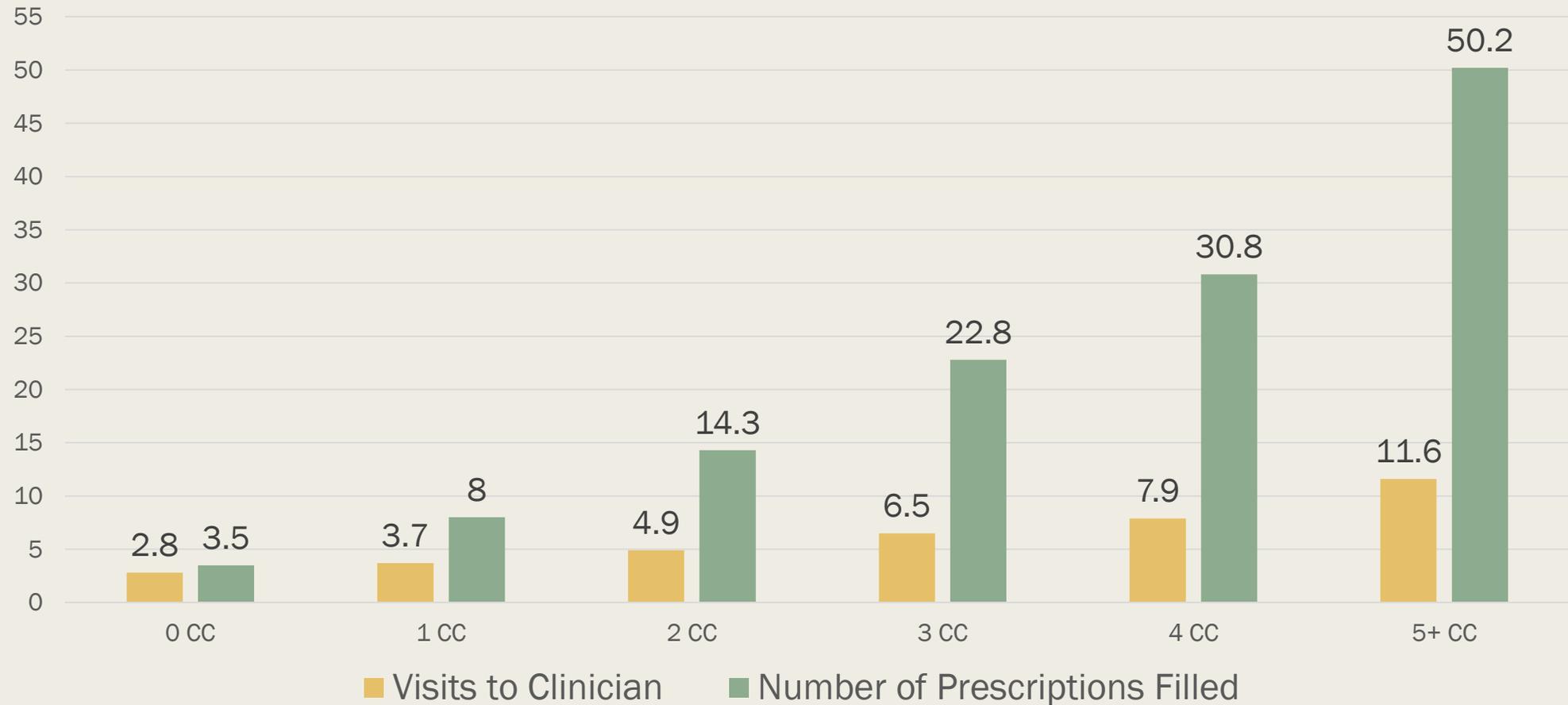
## Prevent Disease

- Immunization
- Disease Screening
- Tobacco Cessation Assistance
- Preventive Health Education

## Reduce Impact of Disease

- Medication Therapy Management
- Disease Self-Management Education
- Follow-up Care

## Average Annual Visits to Clinician and Number of Prescriptions Filled, by Number of Chronic Conditions (CC), 2010

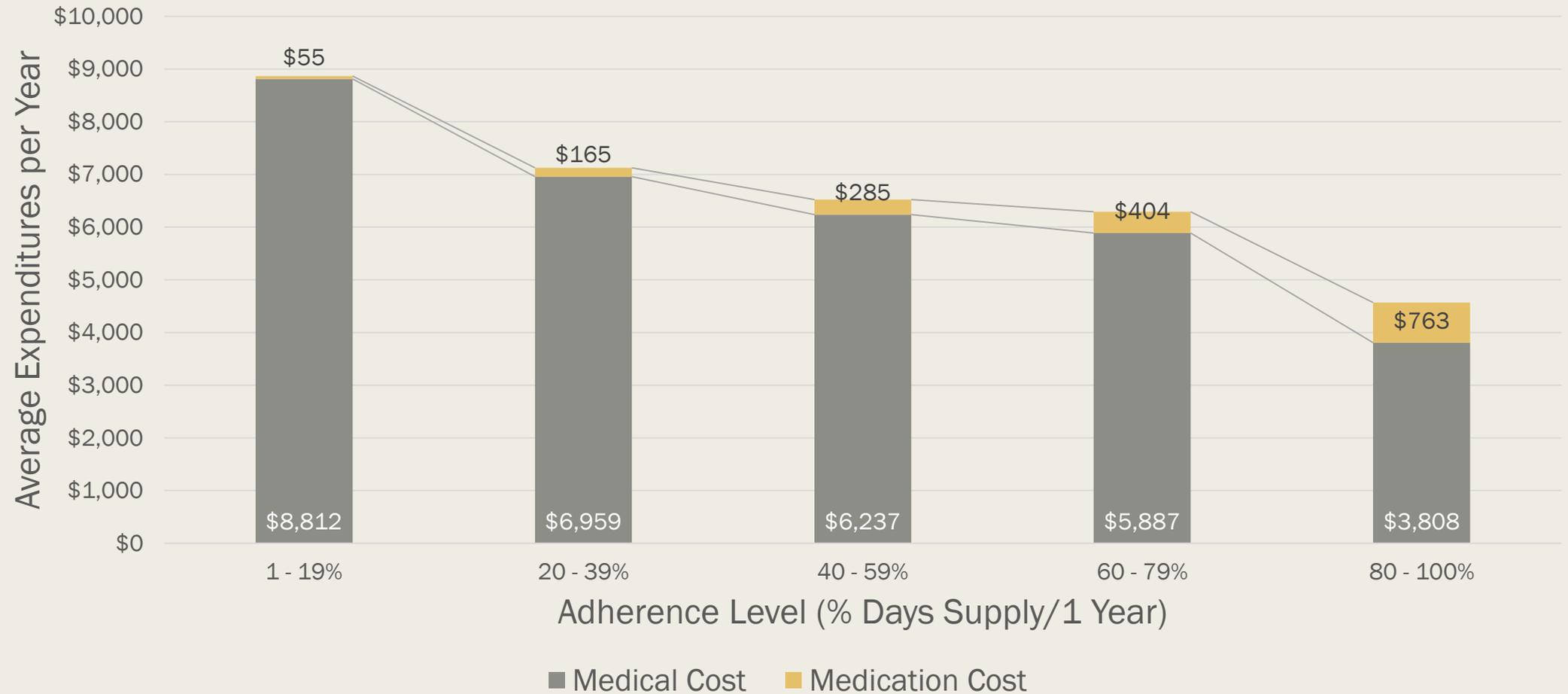


Medications are one of the foundations of chronic disease management.

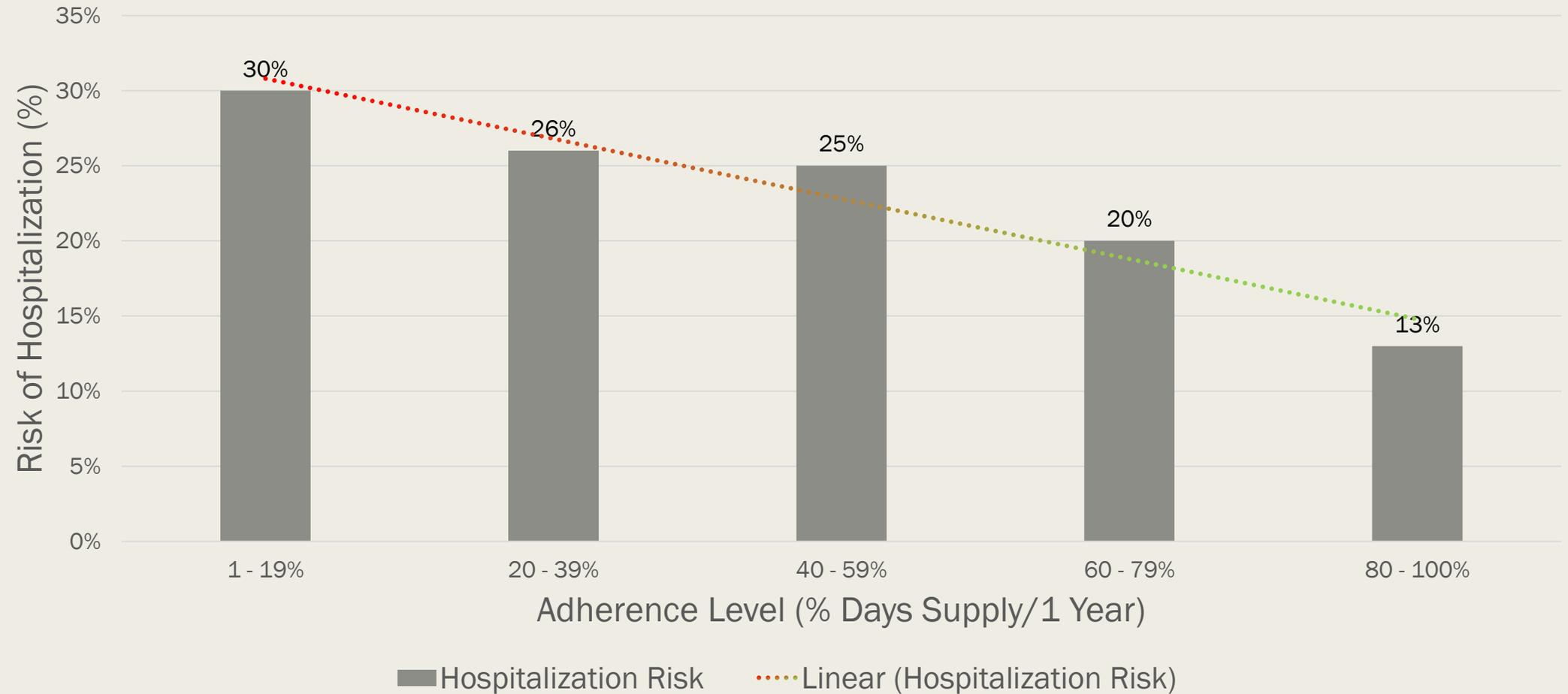
**91%** of all filled prescriptions are for patients with chronic conditions.



## Diabetes Medication Adherence and Total Diabetes Healthcare Costs



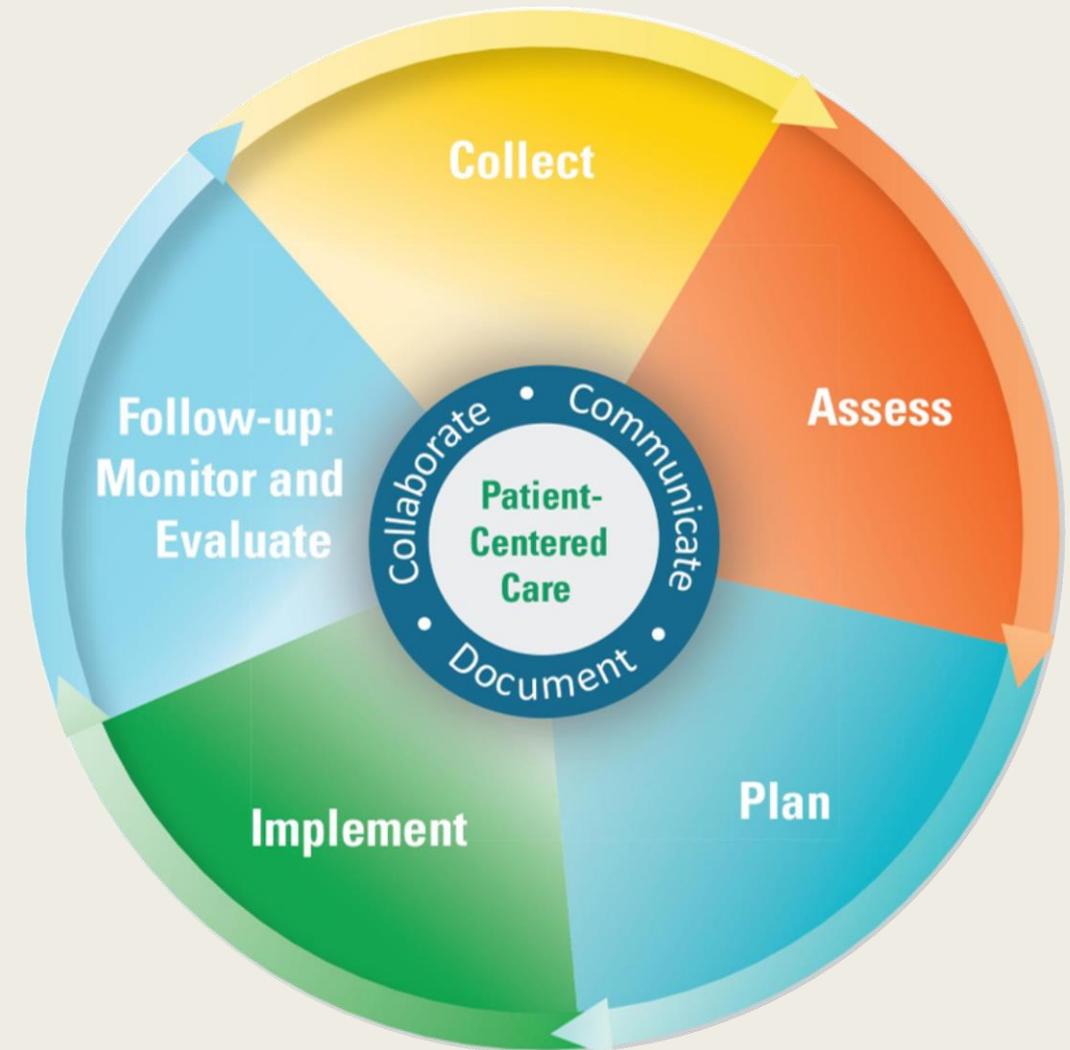
# Diabetes Medication Adherence and the Risk of Hospitalization



# THE PHARMACISTS' PATIENT CARE PROCESS (PPCP)

# What is the PPCP?

- A uniform, consistent patient care process for pharmacists
- Developed by the Joint Commission of Pharmacy Practitioners in May, 2014
- Gives patients **routine expectations** for patient care services at pharmacy



# Step 1: COLLECT

Collect the **key information** necessary for services the pharmacist is being asked to perform.

- Collect **subjective** and **objective** information about the patient
- Current medication list and medication use history
- Relevant health data
  - *Medical history*
  - *Health and wellness information*
  - *Biometric test results*
  - *Physical assessment findings*
- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors

## For Each Medication:

- Indication
- Generic and Trade Name
- Dose
- Route of Administration
- Special Instructions
- Date medication was started
- Prescribing Provider
- Refill Date

## Additional Content:

- Allergies
- Source of current list
- Date of current list
- Providers and contact info
- Medication History

# Step 2: ASSESS

Analyze information collected from step 1 and identify and prioritize patient problems.

- Assess each medication for **appropriateness, effectiveness, safety, and patient adherence**
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
- Immunization status and the need for preventive care and other health care services, where appropriate
  - *Preventive care needs are determined based on medical history, family history, laboratory values, current disease states, and environmental factors*

# Step 3: PLAN

Development of an **individualized patient-centered care plan** in collaboration with other health care professionals, the patient, and the patient's caregiver.

Care plan should be **evidence-based**, and **cost-effective**.

- Address medication-related problems and optimize medication therapy
- Set goals of therapy for achieving clinical outcomes in the context of the patient's overall health care goals and access to care
- Engage the patient through education, empowerment, and self-management
- Support care continuity, including follow-up and transitions of care as appropriate

# Step 4: IMPLEMENT

In collaboration with other health care professionals, and patient or caregiver, implement the care plan.

- Address medication- and health-related problems and engage in preventive care strategies
- Initiate, modify, discontinue, or administer medication therapy as authorized
- Provide education and self-management training
- Contribute to coordination of care, including referral or transition of the patient to another health care professional
- Schedule follow-up care as needed to achieve goals of therapy

SBAR steps
Situation
Background
Assessment
Recommendation
SOAP Note steps
Subjective
Objective
Assessment
Plan

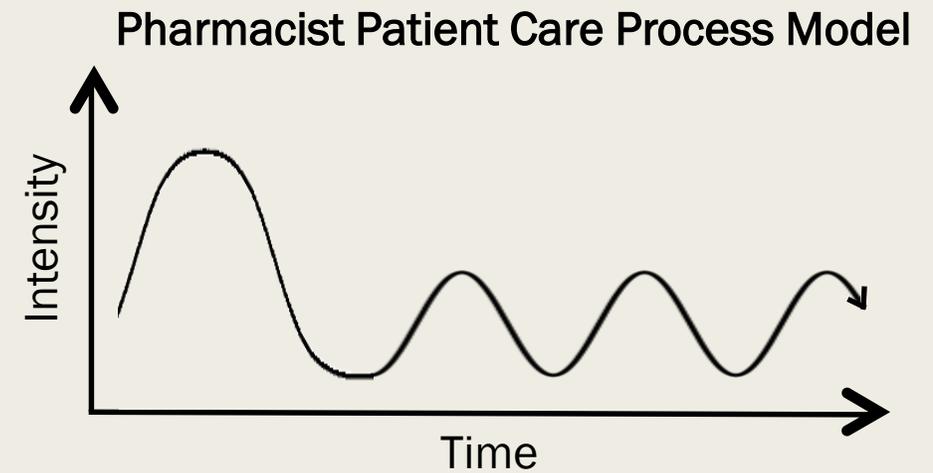
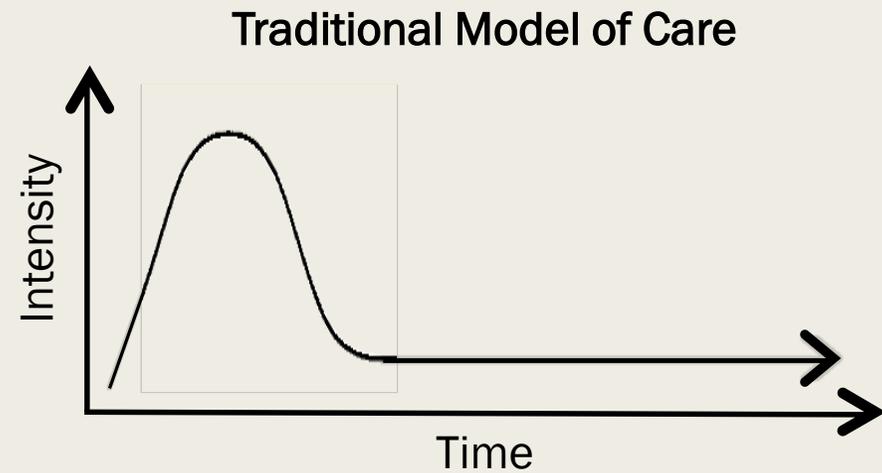
# Step 5: FOLLOW-UP

**Monitor and evaluate** the effectiveness of the care plan, and **modify** the plan in collaboration with other healthcare professionals and patient or caregiver as needed.

- Review medication effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback
- Evaluate clinical endpoints that contribute to the patient's overall health
- Assess outcomes of care, including progress toward the achievement of goals of therapy

Clinical Measures	Humanistic Measures	Economic Measures
Blood pressure	Patient medication knowledge	Hospitalizations
HbA1C	Patient functioning	Emergency department visits
Medication problem resolution	Self-management capability	Medication costs
Adverse drug events	Satisfaction	
Adherence		

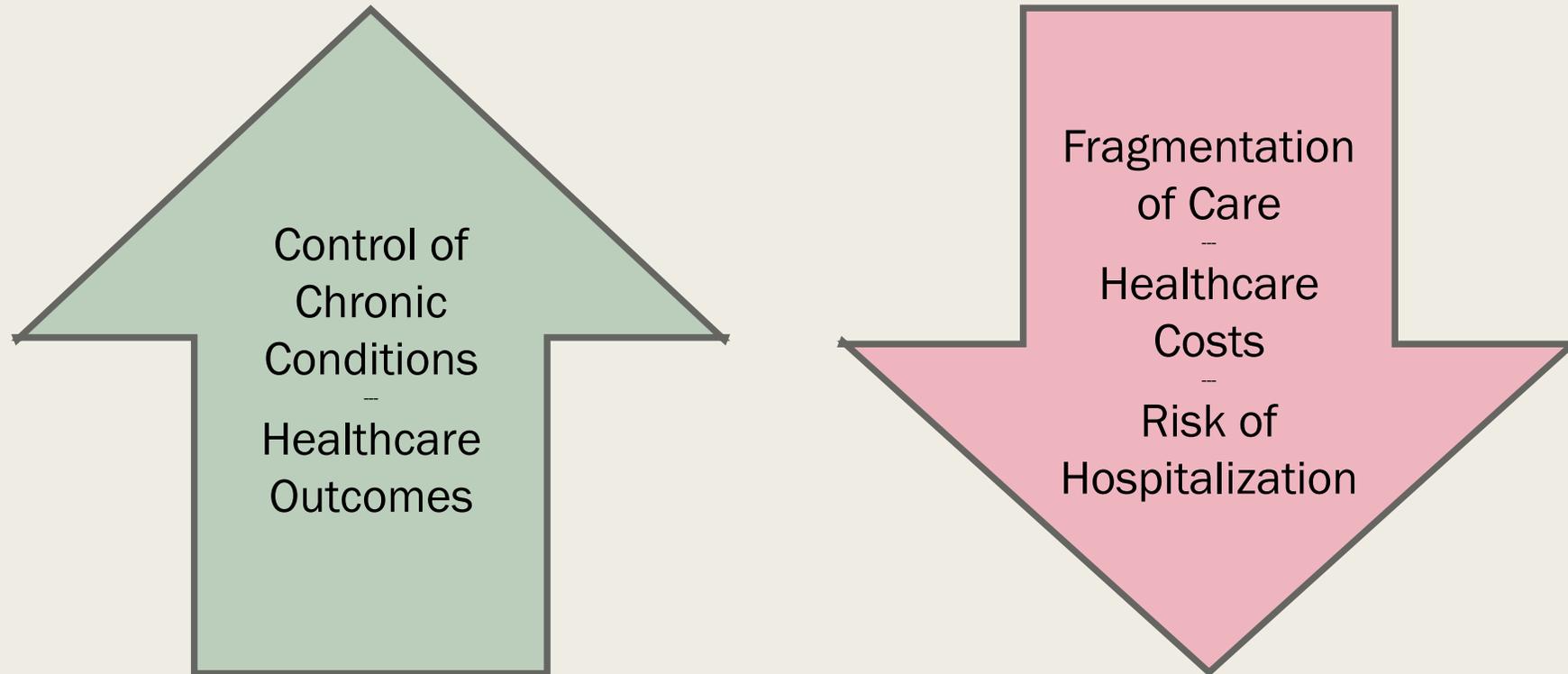
# PPCP: A Transformation in Pharmaceutical Healthcare



# Assessing Capacity for Implementation of the PPCP



# Benefits of Integrating Pharmacists into the Patient's Health Care Team



# Wyoming Collaborative Practice Law

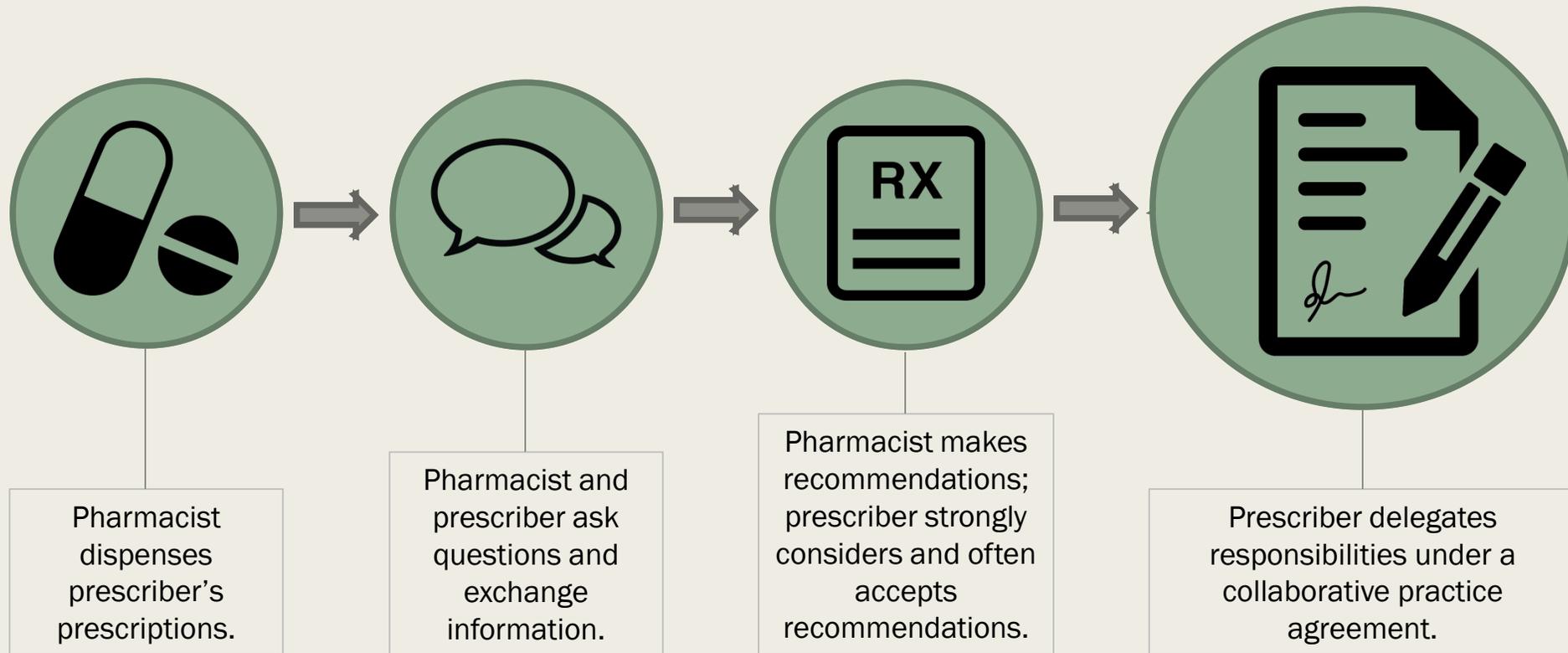
“A Collaborative Pharmacy Practice is that practice of a pharmacy whereby one or more pharmacists have jointly agreed, on a voluntary basis, to work in conjunction with one or more practitioners under protocol and in collaboration to provide patient care services to achieve optimal medication use and desired patient outcomes.”

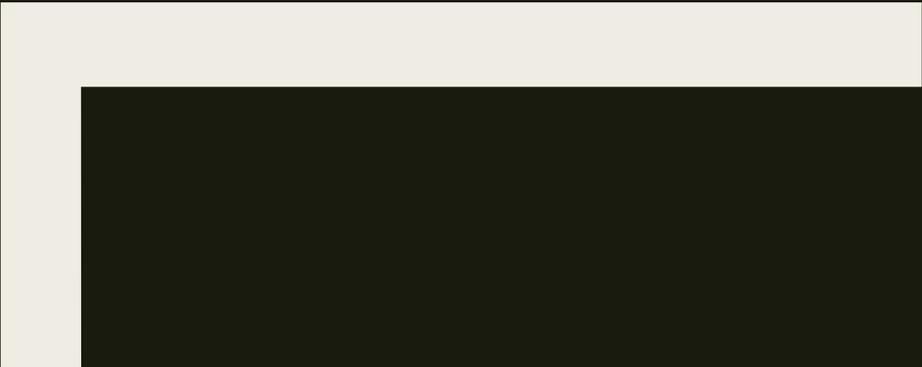
Wyoming Pharmacy Act Rules & Regulations  
Chapter 2

A Collaborative Practice Agreement (CPA) is a **written and signed voluntary agreement** that creates a formal practice relationship between a pharmacist and a prescriber.

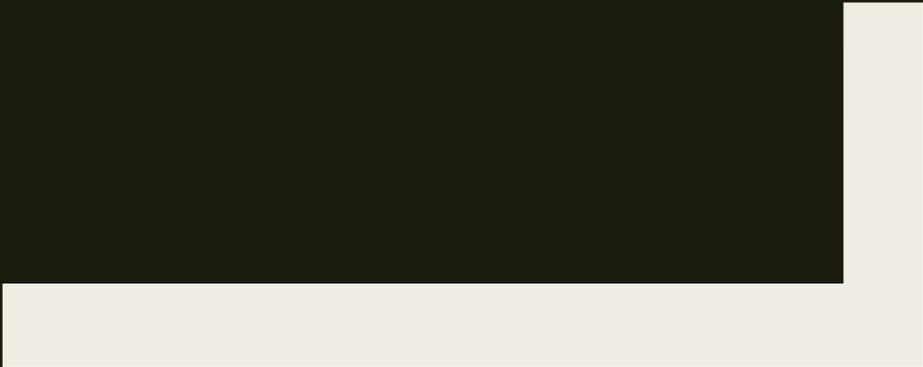
# The Steps towards Implementing a CPA

Collaborative Practice Agreements are built on a relationship of trust between Pharmacist and Prescriber.



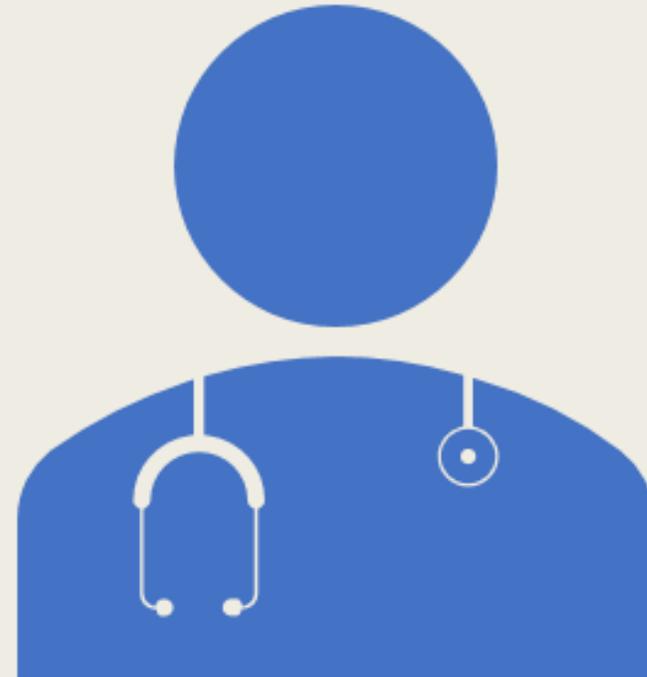


# PPCP IN WYOMING

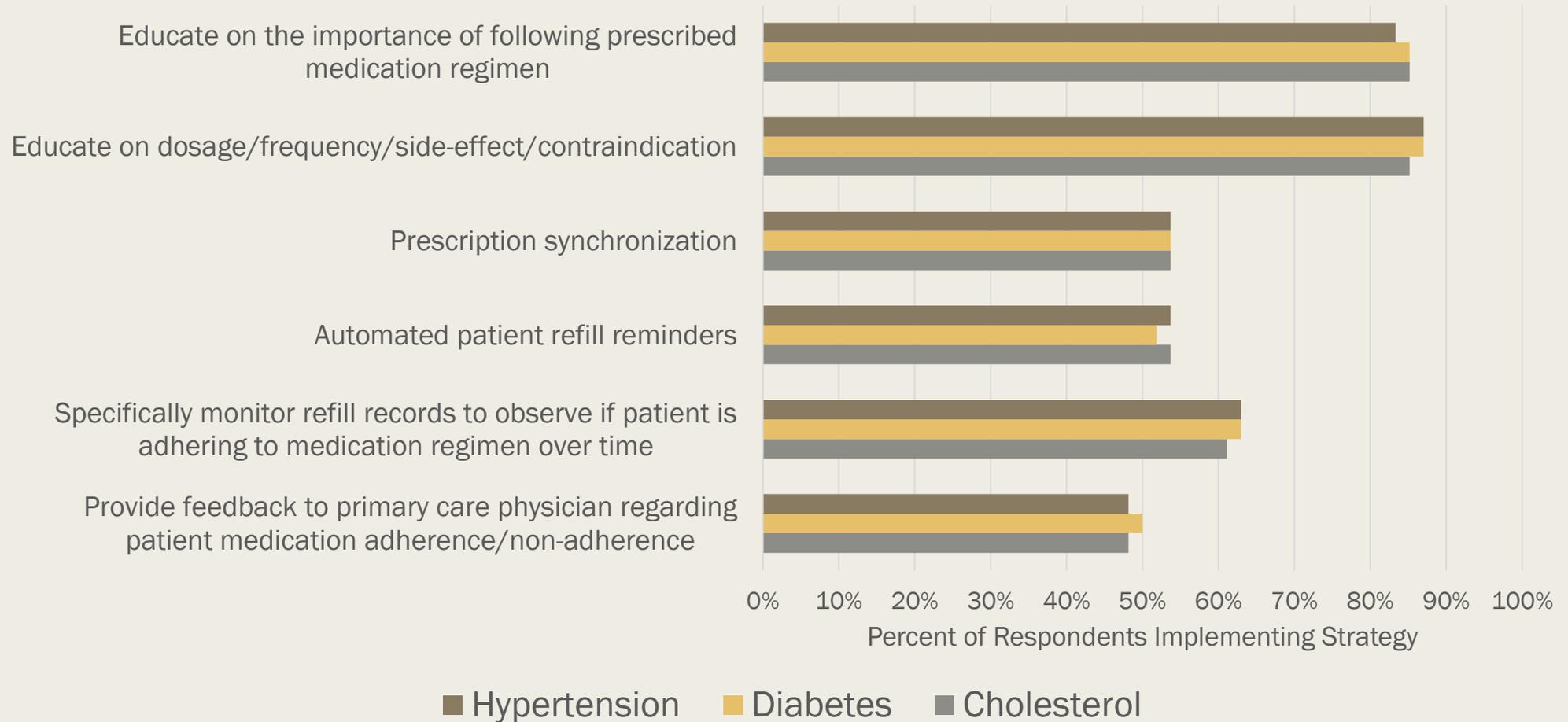


# Survey of Wyoming Pharmacies

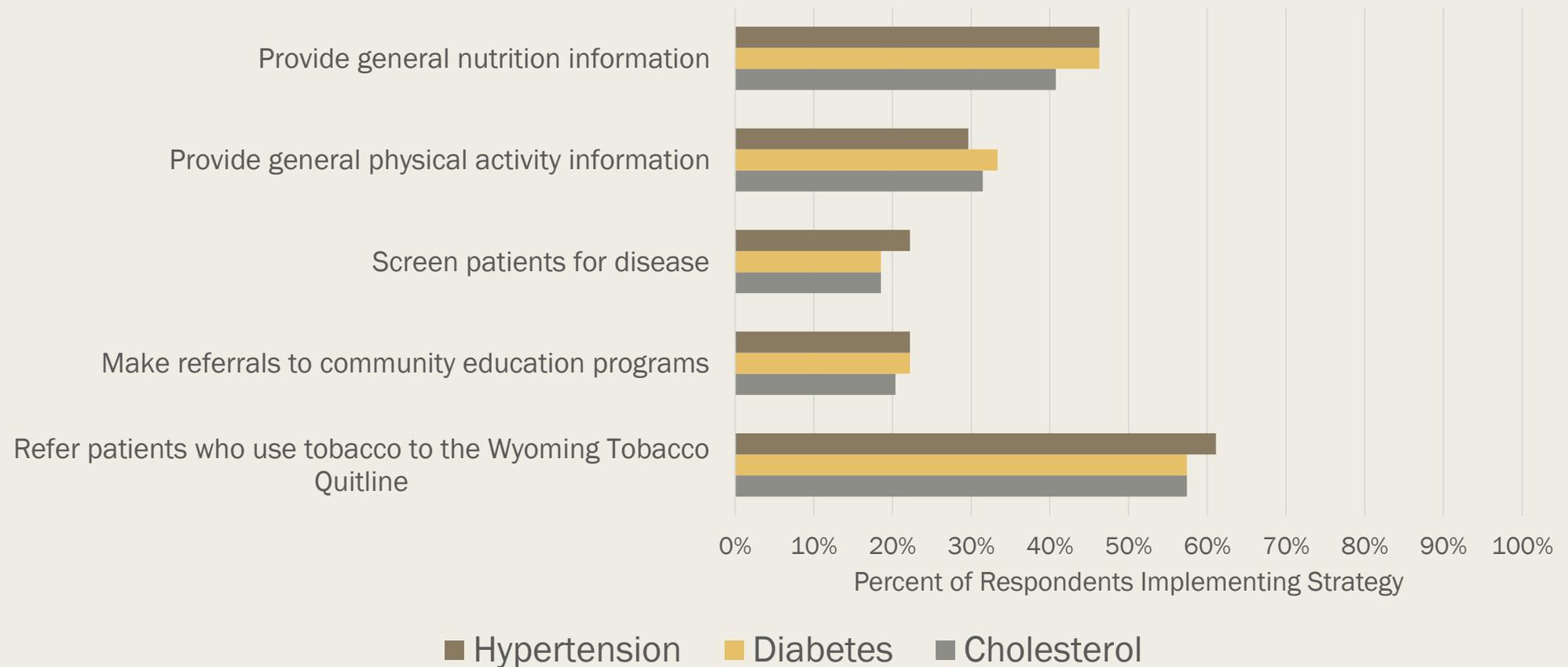
In a 2019 online survey of Wyoming pharmacies, 68.5% of survey respondents (n=54) indicated they did not implement any strategies for applying the Pharmacists' Patient Care Process to existing patient care services.



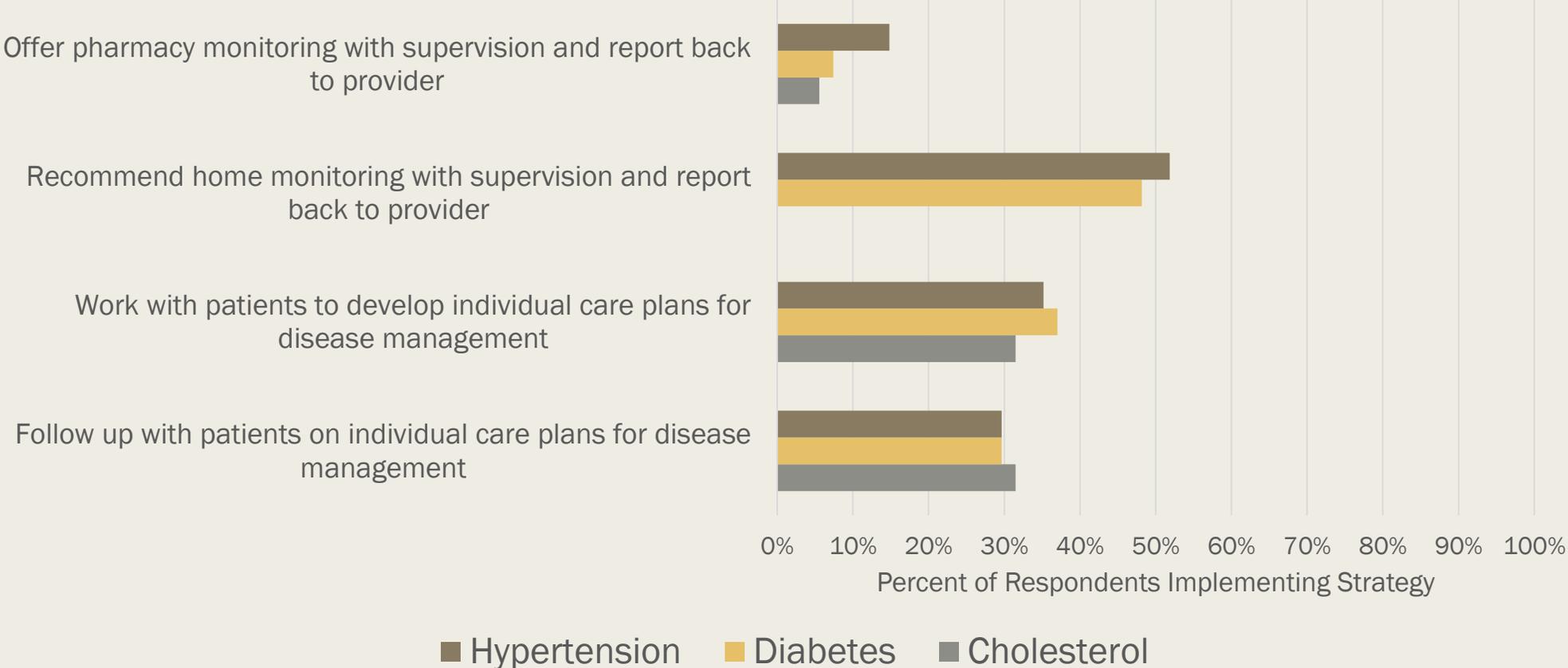
# Pharmacy Actions to Support Medication Adherence

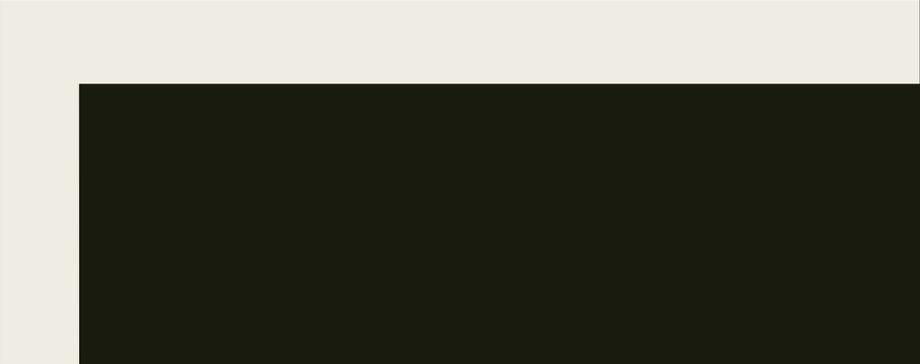


# Pharmacy Actions to Support Lifestyle Behavior Change and Education

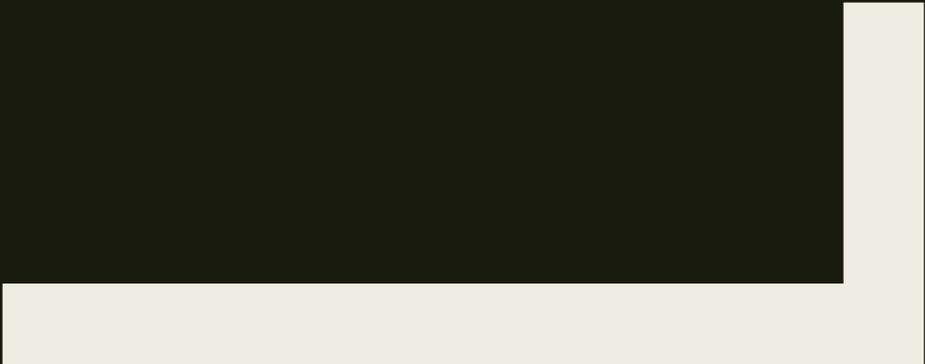


# Pharmacy Actions to Support Patient Self-Management of Disease





# RESOURCES

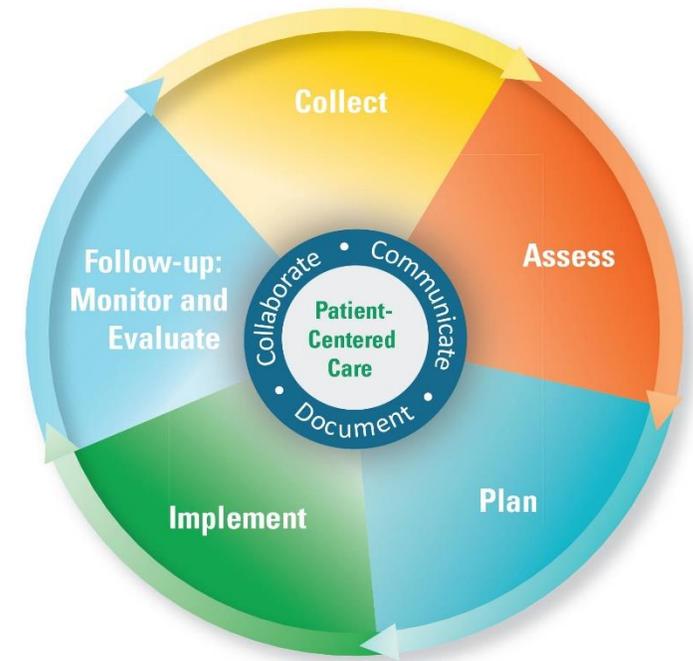


# Resource Book

## How to Implement the Pharmacists' Patient Care Process

*Available for purchase from  
APhA, Amazon, and other  
textbook vendors.*

## How to Implement the Pharmacists' Patient Care Process



**Editors**  
**Marialice S. Bennett**  
**Mary Ann Kliethermes**

 **American Pharmacists Association**  
Improving medication use. Advancing patient care.  
APhA

# Resource Guide

[Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists](#)

**Using the Pharmacists' Patient Care Process to Manage High Blood Pressure:**

*A Resource Guide for Pharmacists*



# Resource Guide

## Collaborative Practice Agreements and Pharmacists' Patient Care Services

### Collaborative Practice Agreements and Pharmacists' Patient Care Services

**A RESOURCE FOR PHARMACISTS**



National Center for Chronic Disease Prevention and Health Promotion  
Division for Heart Disease and Stroke Prevention



# QUESTIONS?

Contact:

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